**PAL Leader/Tutor Recommendation Form**

**Instructions for Applicants:** Complete the top portion. Please include recommendation form in a sealed envelope with faculty signature across the seal and turn in to ASC 311. Recommendation forms emailed directly from faculty are also accepted.

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This recommendation is for the following position:

**ASC Tutor** ([tutor@g.clemson.edu](mailto:tutor@g.clemson.edu)) **PAL Leader** ([clemsonpal@g.clemson.edu](mailto:clemsonpal@g.clemson.edu))

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**Instructions for Faculty**: Please complete the following. Emailed recommendations are also accepted. To send a recommendation for a PAL Leader position, please email [clemsonpal@g.clemson.edu](mailto:clemsonpal@g.clemson.edu) and for an ASC Tutoring position, [tutor@g.clemson.edu](mailto:tutor@g.clemson.edu).

Faculty Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: Clemson University Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long and in what capacity have you known the applicant?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please rate the applicant in the following areas.**  Base your ranking in comparison to other undergraduate students. Please include any comments. | **Superior** | **Above Average** | **Average** | **Below Average** | **Unknown** |
| **Subject knowledge**  Comments: |  |  |  |  |  |
| **Communication**  Comments: |  |  |  |  |  |
| **Professionalism**  Comments: |  |  |  |  |  |
| **Interpersonal skills**  Comments: |  |  |  |  |  |

In the space below **or on an additional sheet**, please provide any additional comments on the individual’s strengths and weaknesses as they relate to the PAL Program.

**Overall recommendation of this candidate:**

Highly Recommend Recommend Recommend with Reservations Do not Recommend

**Faculty signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_